

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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June 28, as per Cathy Murphy; 8/29/06 - P.J.
~~JUL 13~~, 2006

Charles Brekke, President, Board of Directors
Darlene Pomeroy, Executive Director
New Horizons Unlimited
PO Box 457
Harlem, MT 59526

RECEIVED

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DPHHS-DSD

Dear Mr. Brekke,

The Quality Assurance report for Fiscal Year 2006 is based on data acquired during on-site visits on June 2 and 22, 2006, and from information gathered throughout the year. The guidelines for the report is based on the Quality Assurance Process handbook dated July 1, 2005. This report contains findings, comments and recommendations noted during the reviews of agency properties and programs and observations scheduled and unscheduled visits conducted over the past year and a desk review of information. This report was intended to be delivered and reviewed with the Executive Director and members of the Board of Directors of New Horizons Unlimited on July 11, 2006, however, neither the Executive Director nor any Board members arrived for the meeting scheduled at New Horizons Unlimited.

General Areas

ADMINISTRATIVE

New Horizons Unlimited provides an array of services to approximately 15 adults with developmental disabilities in Blaine County. Residential services include a regular adult group home, and supported living services. Most individuals receiving supported living services live in the agency owned Pioneer Apartments, or a house donated to the corporation. Vocational services are provided at the Day Center which also includes administrative offices.

New Horizons participated in the Region II pilot of the Montana Rates Reimbursement Project. It has been a challenge for NHU and the Case Manager to develop accurate cost plans with consumers, in part due to the lack of consistent attendance of a few of the consumers.

An audit for fiscal years ending June 30, 2004, and June 30, 2005, was conducted by the Audit Bureau of the State of Montana Department of Public Health and Human Services Quality Assurance Division. A report dated September 29, 2005, describes findings for ten tested procedures. Recommendations were made by the Audit Bureau in seven of the ten procedural areas tested, with one recommendation noted as a repeat from the year before. The final report also contains Provider responses addressing each recommendation, several of which indicate document errors on the part of staff.

The auditors noted that internal controls appear to be adequate when performing a test of transactions; revenues from the DSD are deposited in a timely manner; and the working capital reserve is within the limit specified in Appendix I of the contract for services between NHU and the State Of Montana.

New Horizons operates one group home which is licensed by the State Of Montana. The County Health and Sanitation Inspector conducted an inspection on May 3, 2006, in preparation for licensing review. His report noted the lock was broken on the medication storage cabinet. This was corrected as evidenced during the on-site visit of June 2, 2006, as the medications had been moved to an appropriately locked area. The State Deputy Fire Marshall had not yet completed his inspection by June 22, 2006.

New Horizons Unlimited does not currently provide Community Support services.

Specific Services Reviewed

Residential and Day services are combined in this year's report as findings were consistent across all service areas.

Residential

As is noted above, New Horizons Unlimited operates one licensed congregate living facility. The group home is the residence of seven individuals and there is currently the availability for one individual to port services into the residence.

New Horizons Unlimited also provides Supported Living services to eight individuals. Many of the consumers live in the Pioneer Apartments, an apartment complex owned by New Horizons. Two individuals live in a house that was donated to New Horizons, and a married couple live in their own home.

Work/Day/Community Employment

New Horizons Unlimited provides day services to approximately sixteen adults with developmental disabilities. Many of the individuals participate in rolling the weekly paper and delivery through the Harlem and Chinook areas weekly. The center also has a wood shop and recycling area available, and has recently created an exercise area in an effort to provide consumers with more opportunities for physical activity. NHU is considering developing a business to shred confidential papers for local businesses. During down-time consumers are often observed playing card games, visiting, coloring, reading, and occasionally participating in various craft activities.

HEALTH AND SAFETY

The group home is always found to be very neat and clean, whether observed during a scheduled or unscheduled visits. Supported living residences are also usually clean and organized. Residences provide comfortable, homey atmospheres for individuals, and people appear content in their living environments.

The Day Center is also always clean and well organized. Several consumers participate in daily cleaning tasks at the center and are paid for these services.

New Horizons Unlimited maintains excellent documentation of evacuation drills, and of health/safety checklists (QAOS #1). Evacuation drills are conducted monthly with documentation of results. NHU also has a comprehensive safety/health checklist which is used monthly to record temperature in bathing areas, and inspection of fire extinguishers, smoke detectors, light fixtures, etc. These inspections are performed at the group home, day center, and supported living residences. Inspection reports indicate maintenance is performed as needed.

Medication storage and the medication log at the group home were reviewed as part of the quality assurance review and periodically throughout the year. Medications are typically properly stored. As noted above, the lock to the medication cabinet was broken during the inspection by the County Sanitarian. Medications were properly stored during the on-site visit of June 2, 2006. The medication log was complete and properly initialed by medication certified staff assisting consumers. NHU uses a Checker system, where one staff assists consumers and a second staff observes to decrease the likelihood of error.

The medication procedures recently changed at the Day Center. It was identified that the former location to assist consumers was possibly chaotic and contributing to medication errors. Consumers now receive their medications individually in a small room, rather than at the counter dividing the kitchen from the large activity room. This has significantly reduced the level of distraction for staff during medication times.

SERVICE PLANNING AND DELIVERY

Assessments are completed prior to Individual Planning meetings for consumers and staff have improved in providing written summaries indicating an individual's strengths and areas of need.

An on-going issue has been the implementation and monitoring of objectives identified in the Individual Plans of consumers served by New Horizons (QAOS #2). NHU has made significant improvement in submitting Quarterly Reports to the Case Manager in a timely manner; however, a review of program books indicates few objectives are actually implemented as agreed to by the IP team. This was an area of concern identified early in the fiscal year and staff were provided training by the Quality Improvement Specialist on the components of a behavioral objective, task analysis, data collection, and quarterly reporting. Additional support, including assisting staff in writing objectives and task analysis steps, and materials has been provided throughout the year at various IP meetings and during on-site visits. The Executive Director has also indicated that she has addressed programmatic issues in staff meetings and trainings.

Despite these efforts, however, a review of program books indicates that staff are not properly implementing programs. There are two major areas of concern: 1. Programs are not implemented with the frequency specified in the objective, and 2. Programs are not carried out according to the directions specified in the objective and supporting documents. Though staff are generally very nurturing and caring, individual habilitation goals are not being met. This could make it extremely challenging for New Horizons to pass a SURS audit which reviews delivery of Medicaid allowed expenses.

Consumers do participate in a variety of leisure and recreational activities, both at home and in the community. Many are very active members of the community, attending sporting events, local churches, pow-wows, rodeos, fairs and other local activities.

STAFFING

Hiring and staff training records were reviewed for four employees hired within the previous twelve months. Criminal background checks were received prior to the employees working for two of the files reviewed. Another employee's background checks were received one week after his official hire date. That employee left for approximately four months and no new background checks were completed upon his return. The hiring records for the fourth employee checked indicated a hire date in April of 2006. Criminal background checks were not yet on file for this individual (QAOS #3).

The Executive Director maintains detailed records, and staff training records are no exception. New Horizons Unlimited usually has between 25-30 staff on it's payroll. Over the past year the Director indicated there have been a total of 198 hours spent on staff training. One hundred twenty-two of the hours were provided directly by the

agency in the form of Orientation, First Aid, CPR, Mandt, IP training, and Incident Reporting.

Other than Mandt, the Executive Director provides all the internal training to employees. This has revealed another concern—an individual hired in April 2006 had not yet received Orientation Training by June 22, 2006 (QAOS #4).

Staff surveys were completed with four New Horizons staff. Employees surveyed have worked for NHU for 5 months, 1 year, 3 ½ years, and over 6 years, and represent all service areas provided by NHU. Staff surveys assess staff knowledge in areas such as abuse/neglect reporting, client rights, behavior support plans and protocols, orientation training, assistance and supervision of medications, behavior interactions with consumers, emotionally responsible care giving, Individual Plans, and incident reporting. Staff gave appropriate responses to all questions surveyed (QAOS #5).

INCIDENT MANAGEMENT

As indicated in surveys, staff are aware of what constitutes abuse, neglect, and exploitation and that they are to notify Adult Protective Services if they suspect such situations. APS has a newly hired Community Social Worker in the area and NHU is encouraged to develop a working relationship with this individual.

New Horizons Unlimited has an Incident Management Coordinator, who is also the agency's Critical Incident Investigator. NHU uses the State Of Montana's incident management system. The Coordinator is to be commended for submitting Trend Reports (QAOS #6). This is a notable improvement since last year and has helped the Incident Management Committee identify and address trends. An area related to incident management that needs continued improvement is the information detailed on incident reports. Though staff have had training in this area and frequent reminders, often times IRs are submitted with subjective statements rather than descriptions of observations.

Another area related to incident management which could also be improved is the weekly Incident Management meeting. Meetings are attended by the Case Manager, QIS, the Incident Management Coordinator who is also the residential services representative, and the day service representative who is also the designee for the Executive Director. Though meetings are scheduled in advance, many are rescheduled at the last moment due to an NHU staff not being present at the time of the scheduled meeting.

Conclusion

It is evident that the program of New Horizons Unlimited is held together by the Executive Director, and when she is not there things are not given the level of attention they require. This has become quite apparent over the past year as it has been necessary for the Director to be absent a good deal of the time. There have been

ongoing discussions about the need for New Horizons to have Program Managers or the equivalent, and though NHU has advertised and tried other methods of recruitment but have not had success. Nevertheless, there is an identified need for NHU to acquire additional support for staff in order to be successful in the delivery of services to developmentally disabled consumers.

The current Executive Director is planning on retiring as soon as a suitable replacement has been found. Given this information, the level of involvement the Director has had in the day-to-day operations and programmatic issues of the agency, and the significant changes in the service delivery system and payment methods in the State of Montana a corrective action plan is recommended to address the following concerns:

1. Objectives identified in Individual Plans must be implemented according to the frequency identified in the objective.
2. Programs must be administered as specified in the objective or supporting documents (i.e. Task Analysis and IPPs).
3. Mid-management support staff are needed to assure direct-care staff receive the support and supervision necessary to make them effective in their jobs.
4. Recommendations in the Quality Assurance Division's Audit Report must be sufficiently addressed. These include:
 - a. Submit a written policy/procedure addressing the recommendation that stale dated checks are written off in a timely manner.
 - b. Equipment purchases and depreciation must be reflected on the Statement of Financial Position for the fiscal year end.
 - c. Written policies/procedures must be developed ensuring consumers can access their funds in the absence of the Executive Director.
 - d. Consumer checks will be entered into their check registers on the same day they are written. Checks written and not disbursed must be voided and entered into the check register on the same date the check is written.
 - e. NHU will have consumer SSI funds electronically deposited into consumers' bank accounts.
 - f. NHU will automate client fund accounts using QuickBooks, Excel, or other approved software to record transactions to client fund accounts.
 - g. Monthly billing invoices must be accurately reflected on daily attendance sheets and transportation logs per consumer.
 - h. Documentation will be provided to DDP verifying no greater than 15% of SSI related income is added to an SSI restricted fund annually.
 - i. Personnel files must be complete with properly completed and certified I-9 forms.

The Board of Directors of New Horizons Unlimited must develop a written plan and submit it to the Region II Manager. The plan must include how the agency will address these issues in the short term, and how the organization plans to address the issue systematically. The plan should also detail timelines for completion and the name of Board members or staff members responsible for assuring the completion of each task.

The Corrective Action Plan must be received in the Region II office of the Developmental Disabilities Program no later than Friday, July 21, 2006.

I am confident that the Board of Directors can develop and implement a plan that addresses the concerns discussed in this report and that New Horizons Unlimited can provide quality services to individuals with developmental disabilities for many years to come.

Respectfully,

Cathy Murphy

Catherine A. Murphy,
Quality Improvement Specialist

cc: Bruci Ann Hall, Region II Manager
Jeff Sturm, DDP Director
Tim Plaska, Community Services Bureau Chief
Jannis Conselyea, Program Support Bureau Chief
John Zeeck, Quality Assurance Specialist